FORM	EXEMPT	UNDER	44 U S	C 3512

FORM NLRB 501		UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD		DO NOT WRITE IN THIS SPACE		
(2-08)	CHARGE AGAINST EMPLOYER		Case		Date Filed	
NSTRUCTIONS:						
ile an original with NLR	B Regional Director for the region in which			ring		
a Name of Employe		AGAINST WHOM CH	IARGE IS BROUGHT	h To	1 No	
Detroit Thermal,		b Tel No 313-963-3287				
Detroit memiai,	LLC			c Ce	li No	
				f Fax	(No	
d Address (Street, city, state, and ZIP code) 541 Madison Street, Detroit, MI 48226			e Employer Representative Emily Burger, Human Resources		a o Mail	
		Littily Burger, H			g e-Mail	
					h Number of workers employed 20+	
Type of Establishment factory	nt (factory, mine, wholesaler, etc.) J Identify principal product or service steam					
	employer has engaged in and is engagir	ng in unfair labor practice	s within the meaning of se	ection 8(a)	subsections (1) and (list	
subsections) (3) a	and (4)		of the National La	bor Relatio	ons Act, and these unfair labor	
	ices affecting commerce within the meai of the Act and the Postal Reorganizatio		unfair labor practices are u	ınfair practi	ices affecting commerce	
2 Basis of the Charg	e (set forth a clear and concise stateme	nt of the facts constituting	g the alleged unfair labor p	oractices)		
	2017, the Employer discharge nfair labor practice charges	d me in retaliation fo	or my role as (b) (6), (b) (7)(C)	, and because I	
The Employer ha	s treated me disparately from ot	her employees beca	ause of my union and	1 protecte	ed concerted activities.	
, ,	ny previous labor charges	, ioi on pioyees see	auco or my amon amo	. protoct	ou concerted douvides,	
3 Full name of party	filing charge (if labor organization, give	full name, including local	name and number)			
(b) (6), (b) (7)(C)			,			
4a Address (Street a	nd number, city, state, and ZIP code)			4b Tel	No	
(b) (6), (b) (7)(C)			4c. Cell I	No (b) (6), (b) (7)(C)		
				4d Fax	No	
				4e e-Ma	ul	
				(b) (6),	(b) (7)(C)	

organization) Tel No

5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor

6 DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief

(b) (6), (b) (7)(C)

Office, if any, Cell No

son making charge)

individual

Fax No

e-Mail

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(Print/type name and title or office if any)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes